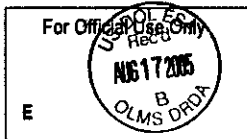


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



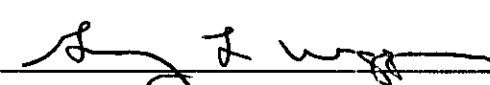
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 5633	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name GARY L WIGGINS P O Box Bldg Room No if any Street 2702 GREENWOOD ACRES DR City DEKALB State Illinois ZIP Code + 4	4 Name file number and address of labor organization Name PLUMBERS & PIPEFITTERS LOCAL 501 Labor Organization File Number 540-949 P O Box Building and Room Number if any Street 1295 BUTTERFIELD RD City AURORA State Illinois ZIP Code + 4 60504 8879
5 Position in labor organization BUSINESS AGENT	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 8-5-05 Date	(815) 756-6376 Telephone Number

This represents my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004 I do not have, to the best of my knowledge, any LM-30 reportable transactions I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years

Date 8-5-05

Signature 

Print Name GARY H. WYNN